PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003											167, 008		
CLAIMS AS FILED - PART I (Column 1) (Calumn 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
Ţ	TOTAL CLAIMS 6							RATE FEE		7	RATE	FEE	
F	OR		NUMBER	NUMBER FRED		NUMBER EXTRA		BASIC FEE 385.00		OR	Basic fee	770.00	
Ī	OTAL CHARGE	ABLE CLAIMS	6 minus 20=		•		XS	XS 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	3 minus 3 ≠		<b>-</b> .		X43=			OR	X86=	·	
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					15-		OR	+290=		
1	I the difference	in column 1 is	less than z	s than zero. enter "O" in column 2			10	TOTAL		OR	TOTAL	77/2	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	ALL I	ENTITY	OR	OTHER SMALL	THAN	
Y E		(Column 1) CLAIMS REMAINING AFTER		PAID PAID	EST BER SUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
MENDMENT	Total	• A	Minus	- 2	$\overline{\theta}$	. —	XS 9=	9=	722	OR	XS18=		
AMEN	Independent	- 5	Minus		3	• 2	X4	3=		OR	X86=	172.00	
15	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290×		
	, ,					Ē	ADDIT	) VAL		OR	YOYAL ADDIT, FEE	122	
2	(Column 1) (Column 2) (Column 3)												
AMENDMENT 8	(	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA	RA	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	. 7	Mires	- 2	5	. —	XS	90		OR	X\$18=		
WE WE	Inospendent	· 2	Minus		3	<u>-                                    </u>	X4:	) <u>s</u>		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MI	JETIPLE DEF			CLOGAN		5=		OR	+290=		
	•								•	OR	YOYAL ADDIT, FEE		
10	5-13-05	(Column 1)	ADDIT.				•						
ENTIC	No. 1 Control of the	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	IĘR USLY	PRESENT EXTRA	RAT	ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	· 7	Minus	- 2	0	8	. XS	).		OR	X\$18=		
AME	Independent	• 5	Minus	64 L	<u>&gt;</u>	·8	X43			OR	X86=		
الا	PRESE	NTATION OF MU		CNUENT	CUM		+145			OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE										OR ,	TOTAL ODIT, PEE		
-	AN LEBRIDINE, Butt A	mber Previously Pe ber Previously Paid	id For IN THIS	S SPACE is	less that	n 3. enter "3."		. –	ropriate box				

FORM PTO-675 (Rev 1003)

Patient and Trademan Office, U.S. DEPARTMENT OF COMMERC